PTC/SB/06 (08-03)
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to a collection of information unless 4 disease.

		PAT	ENT APPLI	CATIOI Substit	N FEE DET	ERMINATIO PTO-875	ON	RECORD	normation trace	April no	ospiays a valid OMB control number. prilination for Docket Number 091890, 363		
				LAIMS AS FILED - PART I (Column 1) (Column 2)				SMALL ENTITY		OR	OTHER THAN SMALL ENTITY		
		FOR	NUME	ER FILED	NUA	NUMBER EXTRA		RATE	FEE		RATE	FEE	1
15/09/2005 TPA)1 FC:2202)2 FC:2203		SIC FEE CFR 1.16(a))							\$60	OR	- MIE	· ree	1
		AL CLAIMS CFR 1.16(c))		minus 20			1	X \$=			<u> </u>		1
		EPENDENT CLAIR CFR 1.16(b))	MS	minus 3 e				x s=		OR OR	X \$=		1
	MUI	TIPLE DEPENDE	NT CLAIM PRESE	LAIM PRESENT (37 CFR 1.16(d))				+5*	180	OR	+1 =		1
	" If the difference in column 1 is less than zero, enter "0" in column 2.						•	TOTAL	DYD	OR	TOTAL		
	CLAIMS AS AMENDED - PART II												
	_	TV			(Column 2)			SMALL	ENTITY	OR		R THAN ENTITY	
	ENT A	4-105	REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR			RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	ENDMENT	Total (37 CFR 1.16(c)) Independent	188	Minus	"42	146		x \$ 25 =	3 650	OR .	X \$=		1
	Σ	(37 CFR 1.15(b))		لـــــــــــــــــــــــــــــــــــــ	L_{7}	1. 0		x \$=		OR	x s=		
	٧.	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				CFR 1.18(d))		+ \$=	180	OR	+ \$=		
	UNKET 00000004 024553 09890363 3650.00 BA (Column 1) A Column 2) Column 3						(ADDIL FEE	4870	OR	TOTAL ADD'L FEE		
	æ	TOO" OA BH	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	ENDMENT	Total (37 CFR 1.16(c)) Independent	265	Minus	166	-99		×ಕ್ರ2=	2475	OR	x \$=	FEE	
	Σ	(27 CFR 1.16(b))	0	Minus	7			X \$=		OR	x s=		07
- 1	۷	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))						+s=		OR	+5=		T
								ADD'L FEE	7345	OR	TOTAL ADD'L FEE		
	_		(Column 1) CLAIMS		(Column 2)	(Column 3)							
	NDMENT C		REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
	2	Total (37 CFR 1.16(d))	•	Minus	"265	=		X 8=		OR	X 8 =	FEE	
	面!	independent (37 OFR 1.15(b))	•	Minus ***	" 7	=	1 t	x s=		OR	X 8		
	₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ s =		OR	+ :		
		If the entry in ~		ADD'L FEE	·	OR	TOTAL ADD'L FEE						
	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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